RESIDENTIAL DIX HILLS WATER DISTRICT CUSTOMERS COVID-19 STATE OF EMERGENCY CHANGE IN FINANCIAL CIRCUMSTANCES SELF-CERTIFICATION FORM

Account Number:			-	
Property Owner:			-	
Service Location:			_	
Billing Address*:			_	
*If different from servi	ce location			
Home Phone :			-	
Cell Phone:			-	
Email:			_	
By my sigr	nature below, I attest tha 2020, I have experienced		•	ncy, which
		Signature		
		Print Name of Person Signing		

<u>Instructions</u>

This form may be emailed, faxed or mailed to the Dix Hills Water District:

Email: DHWD@huntingtonny.gov

Fax: 631 - 421 - 2222

Mail: Dix Hills Water District, 683 Caledonia Road, Dix Hills, NY 11746

If you have questions you may call: 631-421-1812